PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

						1)-273-2885				
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificar	form should be used correspondence includi ad below or directed or tions.	for tran ng the herwise	smitting the ISSI Patent, advance of in Block 1, by (hould be completed whe correspondence address: arate "FEE ADDRESS" f	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
4372 T500 63/16/2009 ARENT FOX LLP 1050 CONNECTICUT AVENUE, N.W. SUITE 400						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEB address above, or being facsimil transmitted to the USPTO (571) 273-2888, on the date indicated below.				
WASHINGTON	, DC 20036								(Depositor's name	
					Г				(Signature	
					Г				(Date	
APPLICATION NO. FILING DATE				FIRST NAMED INVEN	TOR ATTORNEY DOCKET NO. CONFIRMATION NO.					
10/578,325	0.5/04/2006		Roherto Conti			023349-00318 6644				
TITLE OF INVENTION										
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE D		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0		\$1810	06/16/2009	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
. TAWFIK, SAMEH 372I				053-453000	_					
 Change of correspondence address or indication of "Fee Address" (37 CPR I 363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2.						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.						
3. ASSIGNEE NAME AT										
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident i in 37 CFR 3.11. Com	ified be pletion o	low, no assignee of this form is NO	data will appear on th I a substitute for filing	e pa	tent. If an assigne ssignment.	ee is id	lentified below, the de	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
I.M.A. INI	DUSTRIA MACCE	IINE	AUTOMATIC	HE S.P.A.	В	ologna, I	taly			
Please check the appropri	ate assignee category or	categor	ries (will not be pr	inted on the patent):		Individual 🛍 Co	rporati	on or other private gro	up entity 🗖 Governmen	
4a. The following fee(s) a	re submitted:		4b	Payment of Fee(s): (e first reapply an	y prev	iously paid issue fee s	hown above)	
☐ Issue Fee ☐ A check is enclo						E 2000 0000				
☐ Publication Fee (No small entity discount permitted) ☐ Paym ☐ Advance Order - # of Copies ☐ The D					ment by credit card. Form PTO-2038 is attached. Director is hereby authorized to charge the required fee(s), any deficiency, or credit any payment, to Deposit Account Number. $0.1-2.300$. (enclose an extra copy of this form).					
Advance Other - W	or copies			overpayment, to D	epos	it Account Numbe	01	-2300 (enclose ar	extra copy of this form).	
	SMALL ENTITY state	is. See 3	7 CFR 1.27.					TTY status. See 37 CF		
NOTE: The Issue Fee and nterest as shown by the re	Publication Fee (if requeered Sta	uired) w tes Pate	ill not be accepted nt and Trademark	from anyone other the Office.	un the	e applicant; a regis	tered a	ttorney or agent; or th	e assignee or other party in	
Authorized Signature	Luza	لح	Draw	Ja_		DateJur	ne 1	1, 2009		
Typed or printed name			, Jr.	/		Registration No		27,931		
This collection of informa in application. Confidenti submitting the completed his form and/or suggestion Box 1450, Alexandria, Vi	tion is required by 37 C ality is governed by 35 application form to the as for reducing this bur rginia 22313-1450. DC	FR 1.31 U.S.C. USPTO den, she NOT S	1. The informatio 122 and 37 CFR I D. Time will vary ould be sent to the END FEES OR C	is required to obtain 1.14. This collection is depending upon the ir Chief Information Of OMPLETED FORMS	or rei estir divid ficer,	tain a benefit by the nated to take 12 m fual case. Any cor , U.S. Patent and T THIS ADDRESS.	e publi inutes nments fradem SEND	c which is to file (and to complete, including on the amount of tim ark Office, U.S. Depa o TO; Commissioner for	by the USPTO to process, g gathering, preparing, and he you require to complete timent of Commerce, P.O. for Patents, P.O. Box 1450.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.